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PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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Application Number	
Filing Date	
First Named Inventor	Perena
Title	WALKING ASSISTANCE DEVICE
Group Art Unit	
Examiner Name	
Attorney Docket Number	PERE100

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Max C. Perena
Signature	<i>Max C. Perena</i>
Date	Nov 06/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of forms are submitted.

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

**COMPLETE IF KNOWN**

Examiner Name

# WALKING ASSISTANCE DEVICE

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**NAME OF SOLE OR FIRST INVENTOR :**☐ A petition has been filed for this unsigned inventorGiven Name Max C.  
(first and middle [if any])Family Name Perena  
or SurnameInventor's  
Signature

Date

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**NAME OF SECOND INVENTOR:**☐ A petition has been filed for this unsigned inventorGiven Name  
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☐ Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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